

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 07/13/06

LSUPP

1076930

1. NAME Harris Jim F.  
Last First MI2. BUSINESS PHONE 225.344.03813. BUSINESS ADDRESS 521 Laurel Street Baton Rouge LA 70801  
Street and No. City State ZipMAILING ADDRESS Same as above  
Street and No. City State Zip4. EMPLOYER Harris, DeVille & Associates, Inc5. EMPLOYER'S ADDRESS 521 Laurel Street Baton Rouge LA 70801  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Coalition to Insure Louisiana (CIL)  
Address 521 Laurel Street, Baton Rouge, LA 70801  
Business or purpose Insurance☒ New RepresentationDoes this person pay you? NoIf No, who pays you? State Farm & All State Insurance☐ Terminated Representation as of \_\_\_\_\_

**SUPPLEMENTAL REGISTRATION FORM**

Lobbyist's Registration Number

2. Name Synfuel, Inc.  
 Address 32 Bond Street, Westbury NY 11590  
 Business or purpose Industry  
☒ New Representation  
 Does this person pay you? Yes  
 If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name Louisiana Policy Institute (LPI)  
 Address 532 Spanish Town Rd, Baton Rouge LA 70802  
 Business or purpose Insurance  
☒ New Representation  
 Does this person pay you? Yes  
 If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
 \_\_\_\_\_  
 Signature of Lobbyist